

WAIVER OF SERVICE OF SUMMONS

TO: John Richard Lee
(Name of plaintiff's attorney or pro se plaintiff)

I acknowledge receipt of your request that I waive service of a summons in the action
of Joe VS Lester

_____, which is case number CV-01-41 in the
United States District Court for the Middle District of Pennsylvania. I have also received
a copy of the complaint in the action, two copies of this instrument and a means by which
I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the
complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am
acting) be served with judicial process in the manner provided by Rule 4.

I (or the entity on whose behalf I am acting) will retain all defenses or objections to the
lawsuit or to the jurisdiction or venue of the court except for objections based on a defect
in the summons or in the service of the summons.

I understand that a judgement may be entered against me (or the party on whose behalf
I am acting) if an answer or motion under Rule 12 is not served upon you within 60 days
after 1-30-01 (date request was sent), or within 90 days after that
date if the request was sent outside the United States.

2/12/01

DATE

V. S. Freeman

SIGNATURE

Printed/typed name: Victoria S. Freeman

Title if any: Assistant Counsel

Address of Person signing: Office of Chief Counsel, DOC

55 4th Drive

Camp Hill PA 17011

Party you represent: Corrections Office Lester

RECEIVED
USMS, MIDDLE/PA
2001 FEB 16 AM 9:46

9
2/21/01
M
Lam/Smy

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

DEFENDANT

COURT CASE NUMBER

CV-01-41

TYPE OF PROCESS

SERVE



AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

CORRECTIONS OFFICER Lester, SCI-Camp Hill

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

2500 Litchburn Road, P.O. Box 8837, Camp Hill, PA 17008-8837

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Mr. John Richard Jae,
#BQ-3219
SCI-GREENE/SMU
175 GEORGE DRIVE
WAYNESBURG, PA 15370-8089

Number of process to be
served with this Form - 285

2

Number of parties to be
served in this case

1

Check for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

SERVE only Between the Hours of =
6:00 A.M. - 2:00 P.M.
Monday - Friday

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

(S) John Richard Jae

12-26-00

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

District
of Origin

No. 67

District
to Serve

No. 67

Signature of Authorized USMS Deputy or Clerk

A. Lavelle

Date

1/30/01

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

FILED
SCRANTON

Address (complete only if different than shown above)

FEB 16 2001

PER W
DEPUTY CLERK☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Date of Service

Time

am

pm

Signature of U.S. Marshal or Deputy

A. Lavelle

Service Fee

5.00

Total Mileage Charges
(including endeavors)

Forwarding Fee

Total Charges

8.00

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS: